

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	64621	10/3
O.I.P.E. CLASSIFIER	BN	750	10/11
FORMALITY REVIEW	Mmm	0316811	11/2/00
RESPONSE FORMALITY REVIEW	3m		05/21/03

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	10/5
2	10/11
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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